



EmployeeUPDATE

Our Mission: To serve the people of North Carolina by enabling individuals, families and communities to be healthy and secure, and to achieve social and economic well-being.

A monthly publication for employees of the North Carolina Department of Health and Human Services

Assistive Technology helps DHHS clients achieve independence



People with disabilities and the agencies serving them are benefiting from the North Carolina Assistive Technology Program (NCATP), which often works in concert with other parts of DHHS.

Assistive technology, or AT, is any device that a person with a disability uses to make a task easier or safer, or to enable him or her to be more independent.

An agency under the Division of Vocational Rehabilitation Services, NCATP provides services to residents of all 100 counties. Whether

an individual is born with a disability or that person experiences a disability as a result of illness or injury, the daily tasks of getting dressed, answering the phone, cooking a meal, driving, communicating or going to work can be difficult. AT can help.

NCATP provides demonstrations, short-term loans of devices, assessments and evaluations, and collaborates with other North Carolina agencies to help increase statewide access to assistive technology for children and adults with disabilities.

In 2006-2007, nearly 8,700 people received AT services, and more than 14,500 people attended training and awareness programs across the state.

NCATP partners with other DHHS agencies to improve access and to simplify the selection process for people in need of assistive technology devices.

- Through a partnership with Division of Public Health, NCATP provides AT services to children ages birth to five

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Assistive Technology cont. from page 1

through their device loan and demonstration programs. For example, a child with limitations in fine motor skills can use specialized switches to operate toys, lights and sounds.

- Focusing on independence, NCATP has partnered with the Division of Services for the Deaf and Hard of Hearing (DSDHH) to provide telephone access for people with speech disabilities. DSDHH provides communication devices to qualified individuals, and the staff of NCATP provides training on how to use the communication device for telephone access. This makes it possible for someone with a speech disability to make appointments, schedule transportation to work, talk with friends and family, order a pizza, or call 911.

- Working with Vocational Rehabilitation services, NCATP provides evaluation and training services to individuals entering post-secondary education or employment, such as an individual with arthritis benefiting from access to specialized software and use of a customized keyboard to continue employment.
- Recently, the staff of NCATP and the Division of Services for the Blind sponsored AT demonstrations for devices that can be used in the workplace by people with visual impairments. Other AT demonstrations will be scheduled around the state through partnerships with Vocational Rehabilitation, Independent Living, and the N.C. Department of Public Instruction.

Learn more about how assistive technology benefits your agency and the people you serve by attending the upcoming 2008 AT Expo, a three-day event designed to provide information on new assistive technology devices, AT services in the state, strategies for the use of AT, and the opportunity to network with other professionals who work in disability-related fields.

Along with demonstrations of new assistive technology devices, 40 workshops are planned in the areas of education, employment, transition and recreation. The Expo will be held on Dec. 3, 4, and 5 at the North Raleigh Hilton. More information about NCATP and the Expo registration brochure may be downloaded from the NCATP website at www.ncatp.org, or call 919-850-2787. ■



DON'T MISS THE NCFLEX SIGNUP/CHANGE PERIOD!

NCFlex Annual Enrollment ends on Monday,

Nov. 3! The NCFlex Benefits Program provides a variety of plans to meet the needs of you and your family. Options include dental, vision, critical illness, cancer, and accidental death and dismemberment (AD&D) coverage, group term life, health care flexible spending accounts, and dependent day care flexible spending accounts. Paying for NCFlex benefits coverage on a pre-tax basis reduces your taxable income, which in turn reduces your state and federal income taxes.

Employees may complete enrollment using Employee Self Service (ESS) found at <https://mybeacon.nc.gov>. If you prefer enrolling by paper, you must complete the enrollment with a form. Please visit your Human Resources office for assistance in enrolling either online or on paper. If you want to continue participating in the Health Care Flexible Spending Account and/or Dependent Day Care Flexible Spending Account, **you must re-enroll in these plans**; NCFlex **does not** automatically keep your current enrollment in flexible spending account plans. For the other types of coverage, if you are not adding or changing any benefits or coverage levels from your 2008 choices, you do not need to take any action. ■

Division of Services for the Deaf and the Hard of Hearing helps test wireless emergency alerting

Researchers at Georgia Tech's Wireless Rehabilitation Engineering Research Center received good news during the field trial of their Wireless Emergency Communications (WEC) project on Sept. 25, conducted at the N.C. Division of Services for the Deaf and the Hard of Hearing (DSDHH).

The vast majority of the deaf, hard-of-hearing and deaf-blind test subjects found WEC to be an improvement over their current methods of receiving emergency alerts.

Before testing the equipment, the test subjects were surveyed to gather data on their current methods of receiving emergency alerts and information, their use of wireless devices, and their level of interest in receiving wireless alerts. Before trying the new technology, 89 percent of test subjects said they would be interested in a text alert service. After experiencing the WEC method, 96 percent of the participants said they would be interested in receiving text alerts via a wireless device.

"I would have had to rely on my husband contacting me on my cell or wait until I watched television at home [to receive alerts]," commented one of the test subjects. "When the 9/11 bombing occurred I was clueless, and my cousin was killed so it was a very traumatic experience," she said. This statement reveals the critical nature



Participants in the DSDHH/Georgia Tech Wireless Emergency testing view the alert as one of the weather notifications comes in.

of receiving timely emergency information in an accessible format. Not only can it provide greater independence to the recipient (not having to rely on others for information), but a well-informed individual is better prepared to take action to preserve the safety and emotional well-being of themselves and others.

DSDHH Director Jan Withers said, "With a projected population of 78 million individuals with hearing loss in the United States by the year 2030, it is vital we ensure they have the capacity to receive effective and timely communication during times of emergency. The timely delivery of accurate information would enable

all individuals, regardless of their abilities, to act decisively and independently to ensure their own safety."

WEC and DSDHH formed this partnership because of the division's unique blending of emergency preparedness expertise with services for people with hearing loss. DSDHH is the only program in the United States to employ a full-time staff person dedicated to emergency preparedness within a division serving the needs of people with disabilities, allowing for their specific concerns during emergencies to be addressed more immediately and efficiently.

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DSDHH helps test wireless emergency alerting cont. from page 3

This field test involved participants from the community, recruited by DSDHH. They participated in a full-day study to gauge the effectiveness and accessibility of this prototype emergency alerting system. Subjects ranged from hearing-enhanced individuals to fully deaf and deaf-blind. Additionally, the test subjects' level of familiarity and use of wireless technologies ranged from technically savvy to infrequent users.

Georgia Tech sent a series of short message service (SMS) messages to three different models of the BlackBerry provided to each test participant. WEC engineers simulated the emergency alerts, employing the Common Alerting Protocol, as if they originated from the National Weather Service. Three separate weather alerts of increasing intensity were issued to participants over a period of time.

The mobile devices used in this field test were the result of a generous donation from Georgia Tech's WEC industry partner, Research in Motion. The final field test is slated for November 2008 at Public Broadcasting Atlanta. For more information on Georgia Tech's WEC prototype software, go to www.wirelessrerc.org. Funding was made possible by the U.S. Department of Education's National Institute on Disability and Rehabilitation Research grant number H133E060061.

■



Participants respond to testing surveys during the Wireless Emergency test.

A BEACON update from DHHS Human Resources Director Kathy Gruer:

We appreciate your patience as we move forward in our understanding of the BEACON HR/Payroll system, which is under the Office of the State Controller.

DHHS is working closely with BEACON to resolve the issues regarding employee pay problems. Many have been resolved, and we continue to work toward solutions. Some of the issues have to do with the 24/7 facilities and special pay programs such as Baylor nurse work schedules, extended-duty pay for physicians, and other special-pay programs. DHHS is committed to resolving these complex pay and system issues, and we will continue to work diligently to get every one of them resolved. ■

News flash:

The December pay date for both bi-weekly and monthly paychecks has been moved up to Tuesday, Dec. 23. There is no change to the November payday; it is still Wednesday, Nov. 26.



New health data system, NC-CATCH, will help communities assess needs

A new public health data system for local health departments and community partners was announced on Oct. 9 by the Division of Public Health. Its nickname, NC-CATCH, stands for “North Carolina Comprehensive Assessment for Tracking Community Health.”

“The health status of our communities varies widely across our state and even within counties,” said State Health Director Leah Devlin. “There are many reasons for that – every community has its own unique set of capabilities and challenges – but we must have effective monitoring systems that can help us see and measure what is happening. Then we can begin to correct underlying problems as well as to capitalize on each community’s strengths and achievements. NC-CATCH is just such a system.”

The new system will greatly improve local health departments’ ability to quickly retrieve and portray health data they need for community health assessments, which are used on the local and state levels to determine community needs and to help in making crucial public health program and policy decisions.

The NC-CATCH data will be available on the State Center for Health Statistics website so health agencies, the public, community groups and others can access and use the information.

Health Profiles for all 100 North Carolina counties have been constructed as part of the first phase of the NC-CATCH data reporting system. The County Health Profiles are now posted to the SCHS website at www.schs.state.nc.us/SCHS/catch.

Customized report and analysis capability will be available in several months for selected public health professionals. That portion of NC-CATCH will provide detailed “drill-down” access to data on births, deaths, pregnancies, hospital discharges, emergency room visits, and cancer cases along with user-specified reports. A major step forward with NC-CATCH is that it

allows the user to break down county data for smaller geographic areas, such as census tracts, zip codes and other user-defined communities.

NC-CATCH is a collaborative effort between the University of North Carolina at Charlotte, the Division of Public Health and local public health agencies. It was developed by UNC Charlotte faculty under a contract funded by the N.C. Division of Public Health and the Kate B. Reynolds Charitable Trust.

NC-CATCH was announced at the 16th Annual Healthy Carolinians Conference in Greensboro. Healthy Carolinians is a statewide network of community-based partnerships working to improve the health of North Carolinians. The partnerships include representatives from public health, hospitals, health and human service providers, churches, schools, businesses, and local officials and policymakers. The Governor’s Task Force for Healthy Carolinians certifies each partnership based on nine standards for community health improvement. ■



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Michael F. Easley, Governor

Dempsey Benton, Secretary

October 9, 2008

TO: All DHHS staff
FROM: Dempsey Benton

These are times of economic difficulty and uncertainty for our nation and our state. Revenue projections for state government are being adversely impacted.

Although we must continue to deliver the core services to the people of North Carolina who depend upon DHHS, it is essential that each of us rededicate ourselves to be prudent and cost-conscious stewards of the funds entrusted to us.

Our programs provide services to state residents who are most vulnerable and in need of assistance. It is expected that we will continue with the good efforts you devote to this essential public service. However, we will need to review our budgets to assure that all expenditures meet these core missions. This means deferring some planned expenditures, which while beneficial, can be delayed until economic times improve.

To be effective in meeting these economic challenges, each employee must be a part of the effort. I believe that being prudent at the front end and making conscious and deliberate decisions on cost savings now may help us prevent hasty, last minute cuts down the road.

As we go through the coming months, the need for the services you provide may increase as the economic conditions affect individuals and families. Consumer anxieties and stress levels may increase that will further challenge your customer service skills. Our fellow employees may also experience increased stress due to family or personal conditions. It is important that we are attentive to these conditions and be helpful where possible.

Your thoughts and suggestions are welcome and encouraged. I welcome your input and ask that you write me with your suggestions. I have set up an email account specifically for this feedback. Send your suggestions to me at Costsavings.Ideas@ncmail.net.

Thank you.

A handwritten signature in black ink, appearing to read "Dempsey Benton".



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THE Cultural Competency CORNER

By Gloria Sánchez, Latino Public Information Officer



Elderly Immigrants: A Challenge Ahead

“Do not regret growing older. It is a privilege denied to many.” This popular saying might be correct, but, when it comes to the privilege of aging, many elders—especially immigrant elders—might be at a disadvantage.

As the U.S. population ages and its demographics keep shifting, it is very probable that North Carolina will also see a shift in its elderly population. What is now largely a black and white native elderly population will begin to reflect the demographic diversity that North Carolina is experiencing. This change will become more visible in just a few years.

Thousands of young immigrants from all over the world have made North Carolina their home. Among the new populations of North Carolina are Latinos, Asians, Africans and people from the former Soviet Union, just to mention some. Many of those people are now naturalized citizens who are bringing their elderly parents to live with them in the U.S. In addition, young immigrants who are now in their 30s and 40s will become older adults in the coming decades.

It has been estimated that, by 2050, Hispanics will have climbed from less than 5 percent of the total elderly population to 17.5 percent, and Asians from 2.3 percent to nearly 11 percent.

Immigrant elders usually have poor health care access skills and face language and transportation barriers. Cultural norms, values and distrust of western medicine can also play unfavorable roles in accessing and receiving services.

This new generation of elderly immigrants has a high rate of lack of health insurance and is struggling to access services due to their cost. Some have to meet certain immigration requirements before they can become eligible for SSI and Medicare.

Some immigrant elders have serious medical needs requiring special attention from physicians and health care institutions. Depression and psychological stress due to acculturation difficulties and isolation can also take toll on their wellbeing.

Considering the above issues—just a few of challenges ahead for the growing elderly immigrant population of North Carolina—health and human services, including aging services, need to prepare to welcome these new senior residents and to address their various health and social needs in culturally sensitive ways. ■

¡Hasta pronto!

Gloria Sanchez

Study confirms N.C. Medicaid's 'medical home' emphasis

A major study of North Carolina Medicaid recipients finds that patients who have a longer history with the same doctor are more likely to be screened for curable cancers.

The study, published in an October issue of *Archives of Internal Medicine*, reinforces the Division of Medical Assistance's recent establishment of managed care networks for state Medicaid recipients. The ACCESS/Community Care of North Carolina (CCNC) networks currently operate in all 100 counties. Since 2004, the networks have enrolled half the state's 1.7 million Medicaid recipients into a "medical home."

CCNC, like private managed care systems, seeks to maximize both quality of care and financial efficiency. Regular visits to a primary care provider result in early diagnosis and better treatment for chronic conditions. Money is saved by preventing easily treated conditions from worsening, and through avoidance of expensive emergency rooms.

A recent actuarial study estimated CCNC cost savings of \$154 million in fiscal year 2007 alone. Previous research has indicated the effectiveness of CCNC for Medicaid patients with diabetes, asthma and other chronic ailments. The new study finds evidence that N.C. Medicaid patients with long-term medical continuity also benefit in the area of cancer screening.

"Our study suggests that patients with a long-term relationship with a primary care provider are more likely to receive recommended preventive services," said lead author Dr. C. Annette DuBard of DMA's Quality Evaluation and Health Outcomes unit.

The study evaluated the medical records of nearly 2,000 state Medicaid recipients age 50 and older. About half had received screening tests for colorectal, breast and cervical cancers, which if detected early can be treated with a high rate of success. Further sifting of the data found that patients who had been seeing the same practitioner for more than five years were twice as likely to be screened as those who had been with a practitioner less than two years.

"The longer the length of the physician-patient relationship, the more opportunity a physician has to build rapport with the patient and to appropriately address cancer screening options," said DuBard, who is also a practicing physician and research associate at the University of North Carolina's Cecil G. Sheps Center for Health Services Research.

Co-author Dr. William Lawrence, former DMA director, said that the study's data came from 2004 and before, when CCNC networks were just forming. "We can anticipate that the same study today would likely show better results," Lawrence said.

Other co-authors were Angie Yow, also of the state Medicaid agency's Quality Evaluation and Health Outcomes unit; Dorothee Schmid of the State Center for Health Statistics; and Anne B. Rogers of the State Health Plan. ■

Devlin named a UNC-CH "Distinguished Alumna"

On Oct. 12, the University of North Carolina at Chapel Hill installed a new chancellor and also presented its Distinguished Alumni Award to five UNC grads who have achieved excellence in their respective fields.

State Health Director Leah McCall Devlin was among the honorees. A three-time graduate of UNC-CH, Dr. Devlin is the first woman to hold the position of State Health Director. She holds B.S and D.D.S degrees from the UNC School of Dentistry and an M.P.H. from the UNC School of Public Health. After serving as Wake County Health Director, Devlin began working for the state in 1996 and succeeded Dr. Ronald Levine as State Health Director in 2001.



Dr. Leah Devlin

Barbara Rimer, dean of the School of Global Public Health, said Devlin is a large part of why the N.C. public health program is considered one of the best in the nation.

"She always seems to be ahead of the curve," Rimer said. "She brings people together and is able to pull off things others can't." ■

Editor's note: Our thanks to The Daily Tarheel for Dean Rimer's quotes.

Homeless coalition members take oath



N.C. Court of Appeals Judge Linda Stephens, left, administered the oath of office on Oct. 8 to seven new members of the board for the Interagency Council for Coordinating Homeless Programs. New members are, left to right, Gloria Nance-Sims, Lance Edwards, Patricia Amend, Michael Kelly, Angela Harper, Ed Pope, and Roshanna Parker. The new members will serve terms of three years each.

Avoid the flu!!



It's time to get a flu vaccination!

The average influenza season in North Carolina starts in the fall, but it doesn't peak until February or March. That means getting a flu vaccine in November, December, or even January, can protect you from the flu.

The flu is worse than the common cold – much worse. It can result in hospitalization and even death. A contagious respiratory disease caused by a virus, flu is characterized by high fever, headache, sore throat, cough and muscle aches. It can be spread through contact with an infected person a day before that person experiences any symptoms, and it is contagious for as long as five days after symptoms appear. Adults 65 and older are particularly at risk for developing serious complications from the flu. Additionally, adults with chronic conditions such as asthma, diabetes, heart disease or kidney disease are also at increased risk for complications from the flu.

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Avoid the Flu cont. from page 9

The best way to prevent the flu is to get a flu vaccination every year. The flu shot cannot give you the flu, but it **CAN** protect you from a serious illness.

Even if you are not in a high-risk population, your getting a flu shot helps protect your family, friends and co-workers: if you don't get the flu, you also won't pass it on to others.

If you are a State Health Plan member, you're eligible to receive a flu shot at no charge. See www.shpnc.org/Find-a-Flu-Shot.html for information. DHHS is offering employee flu shot clinics in Raleigh on the Dix campus Monday, Nov. 3, and Wednesday, Nov. 5, from 9 a.m. to 4 p.m. at the Haywood gym. The Division of Public Health is also holding a Nov. 5 clinic, from 9 a.m. to 12 at the Cooper Building in downtown Raleigh.

Or, contact your doctor for more information about the flu shot or to schedule an appointment to get a flu vaccination. You can also visit www.immunizenc.com for more information or www2.thecarolinascenter.org/fcf/ for a listing of local flu clinics in your area. ■

Avoid Holiday Weight Gain

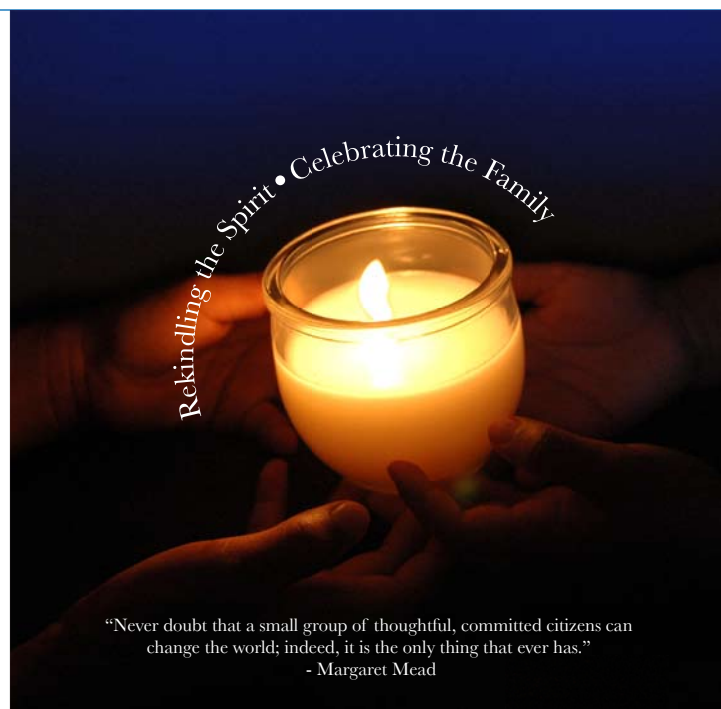
The holiday season is almost here! Eat Smart Move More NC is hosting its third annual *Maintain, don't Gain! Holiday Challenge* designed to help North Carolinians – including DHHS employees – navigate the holiday season and maintain their pre-holiday weight.

Sign-up and participation are free! Participants will receive practical tips, recipes and information to help them successfully navigate their way through triggers to holiday weight gain. By recording their activity, meals, snacks and weight, participants are able to track their progress throughout the six-week program.

The Holiday Challenge is open to everyone – those with a few pounds to lose, those who have already lost weight and are looking to keep it off, and those already at a healthy weight.

To sign up for the Eat Smart, Move More...*Maintain, don't gain! Holiday Challenge*, go to www.MyEatSmartMoveMore.com beginning Nov. 1. All you need is an email address to receive the weekly newsletters with tips and recipes. Other helpful tools, including an activity log, food diary and weight log, are also available to download from the site.

Coordinated by the Division of Public Health's Physical Activity and Nutrition Branch, the statewide Eat Smart, Move More NC movement aims to increase healthy eating and physical activity opportunities wherever North Carolinians live, learn, earn, play and pray. ■



November is Adoption Awareness Month in North Carolina

N O V E M B E R

IS NATIONAL ALZHEIMER'S DISEASE AWARENESS MONTH
AND NATIONAL FAMILY CAREGIVER MONTH

*We invite you to attend Candlelight Reflections
on Nov.6, 2008.*

to honor, hope, and remember

Candlelight Reflections will honor all those affected by Alzheimer's disease and related disorders as well as all family caregivers. We invite communities and organizations across the state to participate in and/or host *Candlelight Reflections* on Thursday, Nov. 6, 2008.

Families provide at least 80% of all long term care—an enormous contribution to the long term care system. In North Carolina, 1.7 million adults are caring for an older person—more than 28% of the adult population. Over 40% of North Carolina caregivers take care of someone with a memory disorder like Alzheimer's disease. Their "caregiving career" will last an average of 8 years but may be as long as 20.

One in ten Americans say that they have a family member with Alzheimer's and one in three know someone with the disease. Alzheimer's disease is now the fifth leading cause of death in the United States

following heart disease, cancer, cerebrovascular disease, and chronic lower respiratory diseases.

In North Carolina alone, an estimated 150,000 have the disease. Over the next 20 years, this number is expected to increase to 253,000 residents. More than 70% of people with Alzheimer's disease live at home and are cared for by family and friends.

Please join us on Nov. 6 through *Candlelight Reflections*. Our hope is that the flame of each candle will enlighten our communities and state leaders as to the growing numbers of those living with Alzheimer's and the critical need to support all family caregivers.

Please contact your local Alzheimer's Association Chapter, regional Area Agency on Aging and/or the Duke African-American Outreach Program for more information on *Candlelight Reflections* and other National Alzheimer's Disease Awareness Month and Family Caregiver Month activities and programs.

Eastern North Carolina Chapter: (919) 832-3732 or www.alznc.org

Western Carolina Chapter: (704) 532-7392 or www.alz.org/northcarolina

Duke Bryan Alzheimer's Disease Research Center (ADRC) African-American Community Outreach Program (AACOP): 866-444-2372

A list of local Area Agency on Aging Family Caregiver Resource Specialists can be found at www.ncdhhs.gov/aging/fcaregr/fcjobs.htm

or call the NC Division of Aging and Adult Services at (919) 733-3983.

Governor Morehead student places second in international art competition

Richard Hiatt of Asheboro, a student at the Governor Morehead School for the Blind, placed second in the high school division of the American Printing House (APH) InSights Art Competition and Show. His print, *Nativity*, depicts a traditional manger scene and was completed in the 2007-08 school year.

InSights is a juried art competition and exhibition exclusively for visually impaired and blind artists. It draws entries from across the U.S. and around the world. The exhibition was shown in Louisville, Ky. during APH's Annual Meeting, October 2-4.

Richard traveled to Louisville with his mom, Kathy, and art teacher Alice Zincone to accept his award.



Richard Hiatt, his mom, Kathy, and art teacher Alice Zincone at the exhibit

Zincone said of the award, "We are extremely proud of Richard and

thrilled that he represented North Carolina at the exhibition." ■

Defending champion paramedics from Stokes County do it again

Two paramedics from Stokes County successfully defended their title as the top paramedics in the state after their performance surpassed those of five regional competition winners. The final competition was held during the 35th annual North Carolina Emergency Medicine Today conference in October.

For Fred Lawson and Scott Brown, it was their third title in four years — 2008, 2007 and 2005. They outperformed their competition in a graded and timed exercise viewed

by more than 300 of their peers. Drexdal Pratt, chief of the Office of Emergency Medical Services, announced the winners.

"The paramedic competition stresses the value and importance of education and training," said Pratt. "These champions and the regional winners all exemplify the kind of professionalism that North Carolina deserves and expects from its first responders. I salute them all for their hard work and competitive spirit."

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Fred Lawson, left, and Scott Brown, right, receive top award from Drexdal Pratt, chief of the N.C. Office of Emergency Medical Services.

Paramedics pause to honor trooper, EMS instructor

Paramedics from across North Carolina attending the 35th annual Emergency Medicine Today conference paused Oct. 7 to honor a fellow first responder who died in the line of duty.

N.C. Highway Patrol Trooper Andrew "A.J." Stocks died Sept. 9 after his patrol cruiser spun out and struck a garbage truck on Ten-Ten Road in Wake County while he was responding to a dispatch to a nearby crash. He died en route to the hospital.

Stocks, 43, was also an EMT-Paramedic, a paramedic instructor at Wake Technical Community College, a U.S. Marine crash firefighter, and a U.S. Army ordinance soldier who had served tours in Afghanistan and Iraq.

"I have heard many wonderful accolades about A.J., especially of his kindness and devotion to helping others," Drexldal Pratt, chief of the N.C. Office of Emergency Medical Services, told more than 500 paramedics attending the banquet. "I've heard of his love for EMS and his desire to arrive on scene as quickly as possible to offer the absolute best care he could to his patients. I've



EM Today Conference honored Trooper A.J. Stocks (projected photo). His wife, Liane Stocks (right), accepted a plaque and shared stories about him.

heard of his tours of duty to bring peace to others in foreign lands.

"A.J. dedicated his entire career to the service of others. He lived so that others might live and, in the end, gave his life selflessly in the line of duty. He was, and is, a true hero."

Pratt presented a plaque in honor of Stocks' service to his wife, Liane Stocks, who is a certified emergency medical technician. The banquet hall erupted in standing applause as she rose from her table and made her way to the podium.

She spoke of her husband's preparations in the event of his death being one of his focuses before he deployed to Iraq and Afghanistan. He had prepared instructions for what she was to do if something

went wrong while he was away.

"I never thought I would open the envelope he prepared for me after he had come home," she said. "I thought that once he was home, he was safe. But that envelope with all the names and numbers was there for me after I got that knock on my door, and it told me exactly what he wanted me to do. I appreciated that. I couldn't have made all those decisions myself.

"A.J. always said 'Be safe out there,' whenever he was saying goodbye. So I say to you all, thank you and, be safe out there."

Per his wishes, Trooper Andrew "A.J." Stocks is to be buried in a ceremony at Arlington National Cemetery. The ceremony is set for 3 p.m. on Dec. 1. ■

Defending champions cont. from page 12

The regional winners also were John Stroup and Steven Ward of Mecklenburg EMS; Shane Lisenby and Austin Nabet of FirstHealth Regional EMS Montgomery; Robert

Coleson and Everett Lineberry of Surry County EMS; Brian Pearce and Richard Stump of Duplin County EMS; and Jeffrey Davis and Josh

Hammond of Pasquotank-Camden EMS. They all outperformed competitors in regional competitions held in July. ■



**Only the turkey
should be stuffed**



Avoid Holiday Weight Gain!

Register for FREE at
www.MyEatSmartMoveMore.com

- ▼ Receive a weekly newsletter full of tips, recipes, and more
- ▼ Download tools to monitor your progress
- ▼ Log on each week to read experts' advice
- ▼ Read how others like you are doing in the challenge

November 24 through December 31



DHHS WELLNESS INITIATIVE

Broughton Hospital introduces Heart Healthy Meal Program for employees

We are very pleased this month to recognize the success one of the department's mental health facilities has had making healthy eating at work an easier option for their employees. Broughton Hospital in Morganton now provides its 1,200 employees daily opportunities to make healthier food choices.

Earlier this year, two members of the Broughton Wellness Committee—clinical dietitian Cristen Clark MA, RD and hospital kitchen manager Pam Causby—developed the “Heart Healthy Meal Program,” with help from the hospital's Nutrition Services Department. The new program offers a greater selection of healthier cafeteria menu items to hospital employees.

The committee recognized that employee awareness of healthier meal selections and the cost of those items both strongly influence employee food selections. They took the following steps to make major changes to the hospital's café menu.

1 The first step was to revise the Broughton Café menu to offer a greater selection of healthier food items.

2 The second step labeled healthier menu selections on the serving line with a heart symbol. The heart label made it easier for employees with tight lunch schedules to quickly identify healthier items without having to stop and read nutritional labels.

3 The third step was to make the cost of the new menu items affordable. Higher costs would make healthier food items less attractive to employees, so the leaders of the Heart Healthy Program worked hard



From Left to right Justin Brittan (Nutritional Services/Café), Charlene Allman (Nutritional Services/Café), Donnie Coffee (Nutritional Services/Café), Donna Bristol (Nutritional Services/Café), Pam Causby (Kitchen Manager/Wellness Committee), Cristen Clark (Clinical Dietitian/Wellness Committee), Tom Mahle (New Hospital Director/CEO), Sonya Smith (Nutritional Services/Café)

and creatively to develop healthier menu items while keeping the cost comparable to or lower than other, less-healthy menu selections. To encourage employees to make a healthier meal choice, the “Heart Healthy Meal Special” was offered. For \$3.99, an employee can now enjoy a healthy meal, with a beverage. The Heart Healthy Meals selections vary, but the price is always \$3.99.

Scott Sain, Broughton Hospital's wellness committee chair, reports that the Heart Healthy Meal Program, from its first introduction, has been greeted by Broughton employees with great enthusiasm. Scott notes that, “In fact, the very first ‘Heart Healthy Meal Special’ sold out!”

We congratulate the Broughton Wellness Committee, the Hospital's Nutrition Services Department, and the hospital's new director, Tom Mahle, for supporting this important worksite wellness project. The Broughton Heart Healthy Meal Program provides an excellent example of an effective wellness program to promote healthy

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Adoption Profile

Introducing Annabelle

Annabelle is very friendly with an enormously loving nature and quite a sense of humor. She is an energetic, charming, and extremely resilient little girl. Considering her past experiences, Annabelle is still able to see the amazing things in the world with wonder and awe. She loves animals and hopes to work with them in some capacity when she grows up. Annabelle also enjoys playing with her baby dolls and stuffed animals, coloring, reading, and visiting amusement parks.

Annabelle attends resource classes at school, where her personal education plan allows the extra time and attention she requires to stay on task and in compliance with her conduct. Counseling is helping Annabelle deal



Annabelle, b. August 19, 1997

with her feelings of the past and how they affect her present and future.

A Family for Annabelle

An adoptive family for Annabelle would be willing to begin building a relationship with her while she is in her current placement so she can then step into their home. She needs a family with lots of energy and support and who understands the needs of children who have the kind of history Annabelle brings. Her treatment team is willing to work closely with an adoptive family to assist with education and to support them in meeting Annabelle's needs.

For more information on this child, or adoption and foster care in general, call N.C. Kids Adoption and Foster Care Network toll-free at 1-877-NCKIDS-1 (1-877-625-4371). ■

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eating. Other DHHS workplaces with onsite cafeterias, if they are not already offering daily healthy meal options to their employees, might consider offering a similar program.

If you would like to see a program like this implemented at your workplace cafeteria, let your wellness committee know that you would support such a program. One of the important ways that DHHS employees can provide feedback to their wellness committees on the types of wellness programs they would like available at their workplace is to complete the annual DHHS

Employee Wellness Survey. This survey was sent by email to employees the end of September. It is still not too late to complete this year's survey by going to:

www.zoomerang.com/Survey/?p=WEB22829GH4QBR

If you click on the above link and it takes you to the summary results page, that means that you have already completed this survey. Only one survey per computer can be submitted. ■